

MAR 30 2011

CITY OF REDWOOD CITY

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FAIR POLITICAL
PRACTICES COMMISSION

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NAME OF FILER

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(MIDDLE) CLERK

Pierce

Barbara

Apffel

1. Office, Agency, or Court

Agency Name

City Council

Division, Board, Department, District, if applicable

Your Position

Redwood City

Council Member

► If filing for multiple positions, list below or on an attachment.

Agency: San Mateo Local Agency Formation LAFCO

Position: Alternate City Member (until 1-2011)

2. Jurisdiction of Office (Check at least one box)

☐ State

☐ Judge (Statewide Jurisdiction)

☐ Multi-County

☒ County of San Mateo County

☒ City of Redwood City

☐ Other

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2010, through December 31, 2010.

☐ Leaving Office: Date Left ____/____/____
(Check one)

The period covered is ____/____/____, through December 31, 2010.

☐ The period covered is January 1, 2010, through the date of leaving office.

☐ Assuming Office: Date ____/____/____

☐ The period covered is ____/____/____, through the date of leaving office.

☐ Candidate: Election Year ____ Office sought, if different than Part 1: ____

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 5

☐ Schedule A-1 - Investments - schedule attached

☒ Schedule C - Income, Loans, & Business Positions - schedule attached

☐ Schedule A-2 - Investments - schedule attached

☒ Schedule D - Income - Gifts - schedule attached

☐ Schedule B - Real Property - schedule attached

☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

herein and in any attached schedules is true and complete. I acknowledge this is
I certify under penalty of perjury under the laws of the State of California that

Date Signed 3-29-2011
(month, day, year)

Signature

SCHEDULE C
Income, Loans, & Business
Positions
(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name <u>Barbara Pierce</u>

▶ **1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME

Universal Studios

ADDRESS (Business Address Acceptable)

100 Universal City Plaza Universal City, CA 91608

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Digital Cinema Standardization

YOUR BUSINESS POSITION

consultant

GROSS INCOME RECEIVED

- ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☒ \$10,001 - \$100,000 ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☐ Salary ☒ Spouse's or registered domestic partner's income

☐ Loan repayment ☐ Partnership

☐ Sale of _____
(Property, car, boat, etc.)

☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

☐ Other _____
(Describe)

▶ **1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME

Downtown Business Group

ADDRESS (Business Address Acceptable)

Redwood City CA 94063

BUSINESS ACTIVITY, IF ANY, OF SOURCE

Website Management

YOUR BUSINESS POSITION

consultant

GROSS INCOME RECEIVED

- ☐ \$500 - \$1,000 ☒ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☐ Salary ☒ Spouse's or registered domestic partner's income

☐ Loan repayment ☐ Partnership

☐ Sale of _____
(Property, car, boat, etc.)

☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

☐ Other _____
(Describe)

▶ **2. LOANS RECEIVED OR OUTSTANDING DURING THE REPORTING PERIOD**

* You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

HIGHEST BALANCE DURING REPORTING PERIOD

- ☐ \$500 - \$1,000
☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000
☐ OVER \$100,000

INTEREST RATE

_____%

☐ None

TERM (Months/Years)

SECURITY FOR LOAN

☐ None ☐ Personal residence

☐ Real Property _____
Street address

City

☐ Guarantor _____

☐ Other _____
(Describe)

Comments: _____

SCHEDULE D Income – Gifts

Name

Barbara Pierce

► NAME OF SOURCE

League of California Cities

ADDRESS (Business Address Acceptable)

1400 K Street 4th Floor Sacramento, CA 95814

BUSINESS ACTIVITY, IF ANY, OF SOURCE

policy committee government related discussions

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
1 / 22 / 2010	\$ 40.00	meal
4 / 8 / 2010	\$ 34.21	meal
6 / 17 / 2010	\$ 35.00	meal

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

► NAME OF SOURCE

San Mateo County Central Labor Council

ADDRESS (Business Address Acceptable)

1153 Chess Drive, Suite 200 Foster City, CA 94404

BUSINESS ACTIVITY, IF ANY, OF SOURCE

labor council social event

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
12 / 3 / 2010	\$ 55	holiday party
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____
____/____/____	\$ _____	_____

Comments: _____

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CITY OF REDWOOD CITY
CITY CLERK

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Pierce Barbara Apffel

1. Office, Agency, or Court

Agency Name

Bay Area Water Supply & Conservation Agency

Division, Board, Department, District, if applicable

Your Position

Director

► If filing for multiple positions, list below or on an attachment.

Agency: SF Bay Area Regional Water System Financial Auth

Position: Director

2. Jurisdiction of Office (Check at least one box)

☐ State

☐ Judge (Statewide Jurisdiction)

☒ Multi-County SF, Alameda, San Mateo, Santa Clara

☐ County of

☐ City of

☐ Other

3. Type of Statement (Check at least one box)

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☐ Schedule B - Real Property - schedule attached

☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

5. Verification

(c)(1)

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 3-29-2011
(month, day, year)

(c)(1)

SCHEDULE C
Income, Loans, & Business
Positions
(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION
Name Barbara Pierce

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YOUR BUSINESS POSITION
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YOUR BUSINESS POSITION
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☐ \$10,001 - \$100,000
☐ OVER \$100,000

INTEREST RATE _____% ☐ None

TERM (Months/Years) _____

SECURITY FOR LOAN

☐ None ☐ Personal residence
☐ Real Property _____
Street address
City
☐ Guarantor _____
☐ Other _____
(Describe)

Comments: _____